

Bureau of Labor and Industries
Wage and Hour Division

PAYROLL
 (For Contractor or Subcontractor's Use; See Instruction, Form WH-38A (3/84))

Payroll and Certified Statement
Form - For Use in Complying
with ORS 279.354

[illegible]

(For Contractor or Subcontractor's Use; See Instruction, Form WH-38A (3/84))

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NAME OF CONTRACTOR		OR SUBCONTRACTOR		ADDRESS		PROJECT OR CONTRACT NO.		DATE CONTRACT SPECIFICATIONS FIRST ADVERTISED FOR BID							
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ROGERS ASPHALT PAVING CO.		PO BOX K, LA GRANDE		OR		77850									
Phone: (503) 963-3633		Phone: (503) 963-3633													
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE		WORK CLASSIFICATION (include group number if applicable)		EXEMPTIONS		(1) HOURS WORKED EACH DAY		(2) GROSS AMOUNT EARNED		(3) DEDUCTIONS		(4) TOTAL DEDUCTIONS		(5) NET WAGE PAID FOR WEEK	
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE		WORK CLASSIFICATION (include group number if applicable)		EXEMPTIONS		(1) HOURS WORKED EACH DAY		(2) GROSS AMOUNT EARNED		(3) DEDUCTIONS		(4) TOTAL DEDUCTIONS		(5) NET WAGE PAID FOR WEEK	
GREGG PIEPER		EG OP				1 0 0 0		24.50							
541-80-4321		EG #4				6 1 1/2 0 4		17.89 205.74							
GREGG PIEPER		EG OP				0 0 0 0		54.99							
541-80-432		EG #11				0 1/2 0 0 0		10.33							
GREGG PIEPER		LABOR				2 2 1/2 3 2 1/2		214.48							
541-80-43		#1				0 1/2 1/2 0 0		42.88							
GREGG PIEPER		LABOR				0 0 0 0 0		584.60							
541-80-43		#3				0 1/2 1 0 0		61.93							
JEFF WALKER		EG OP				5 7 3 1/2 2 4		298.16							
542-92-2407		#7				0 0 0 0 0		9.01							
JEFF WALKER		EG OP				0 0 0 1/2 0		18.01							
542-92-2407		#6				0 1/2 1/2 0 0		20.66							
JEFF WALKER		LABOR				5 1 4 1/2 5 1/2 1/2		596.58							
542-92-2407		#1				0 1/2 1/2 0 0		20.66							
JEFF WALKER		LABOR				0 1/2 1/2 0 0		20.66							
542-92-2407		#1				0 1/2 1/2 0 0		20.66							
JEFF WALKER		LABOR				0 1/2 1/2 0 0		20.66							
542-92-2407		#1				0 1/2 1/2 0 0		20.66							
JEFF WALKER		LABOR				0 1/2 1/2 0 0		20.66							
542-92-2407		#1				0 1/2 1/2 0 0		20.66							
JEFF WALKER		LABOR				0 1/2 1/2 0 0		20.66							
542-92-2407		#1				0 1/2 1/2 0 0		20.66							
JEFF WALKER		LABOR				0 1/2 1/2 0 0		20.66							
542-92-2407		#1				0 1/2 1/2 0 0		20.66							
JEFF WALKER		LABOR				0 1/2 1/2 0 0		20.66							
542-92-2407		#1				0 1/2 1/2 0 0		20.66							
JEFF WALKER		LABOR				0 1/2 1/2 0 0		20.66							
542-92-2407		#1				0 1/2 1/2 0 0		20.66							
JEFF WALKER		LABOR				0 1/2 1/2 0 0		20.66							
542-92-2407		#1				0 1/2 1/2 0 0		20.66							
JEFF WALKER		LABOR				0 1/2 1/2 0 0		20.66							
542-92-2407		#1				0 1/2 1/2 0 0		20.66							
JEFF WALKER		LABOR				0 1/2 1/2 0 0		20.66							
542-92-2407		#1				0 1/2 1/2 0 0		20.66							
JEFF WALKER															

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NAME OF CONTRACTOR OR SUBCONTRACTOR		ADDRESS		PROJECT AND LOCATION		PROJECT OR CONTRACT NO.		DATE CONTRACT SPECIFICATIONS FIRST ADVERTISED FOR BID			
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ROGERS ASPHALT PAVING CO.		PO BOX K, LA GRANDE OR		Phone: (503) 963-3633							
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) EXEMPTIONS # OF W/H	(3) WORK CLASSIFICATION (include group number if applicable)	(4) DAY AND DATE	(5) TOTAL HOURS OF PAY	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS		(9) NET WAGE PAID FOR WEEK		
			M T W T F S S				FICA FEDERAL WITH-HOLDING TAX	STATE WITH-HOLDING TAX	OTHER DEDUCTIONS		
BRAD BYRON RT2 BOX 2749, LA GRANDE OR 543-82-5602		LABOR #3	0 1 1 0 1 0 0	2	21.44	42.88					
BRAD BYRON 543-82-5602		LABOR #1	0 0 1 0 0 0 0	1	20.66	20.66					
BRAD BYRON 543-82-5602		EQ OP #7	0 0 1 0 0 0 0	1	24.77	24.77					
BRAD BYRON 543-82-5602		EQ OP #3	0 0 1 0 3 1 0	5 1/2	18.07	99.39					
MIKE HAMPTON 541-66-8236	OS	TRUCK #3	0 1 0 0 0 0 0	5	17.73	88.65	04	44.00	56	383.79	
KEVIN HAMPTON 2813 MINAMCT, LA GRANDE OR 542-86-5679	IS	TRUCK #3	0 1 0 0 0 0 0	8	23.91	188.66	33	6.00	14	119.35	
			0 0 0 0 0 0 0	17	17.37	295.29	22	10.00	42	243.69	
			0 0 0 0 0 0 0								
			0 0 0 0 0 0 0								

1. Linnea Dale Sec
(Name or signatory party) (Title)

1) That I ~~pay or~~ supervise the payment of the persons employed by

7) That I pay or supervise the payment of the persons employed by James T. Holt on the ELGIN ST-S (contractor, subcontractor or surety) --- (Building or work)

day of AUG, 1988, and ending the 18 day of 15; that during the payroll commencing on the

7402, 19 88, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Greep's #SPHACT FAV-Co
(Contractor, subcontractor or surety)

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as specified in ORS 652.610, and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for workers contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each worker conform with work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

FORM WH-33 (3/84)

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS. In addition to the basic hourly wage rates paid to each worker listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH. Each worker listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXEMPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

I have read this certified statement, know the contents thereof and it is true to my knowledge.

NAME AND TITLE	SIGNATURE
L. A. MEA DPA/LE Sec	L. A. MEA
Contractor ☒	Subcontractor ☐
	Surety ☐

File this form with the contracting agency and send a true copy to the
Bureau of Labor and Industries, 1400 S.W. Fifth Ave., Portland,
Oregon 97201.